UNIT:

MEMORANDUM FOR: Commander, 403D Army Field Support Brigade, ATTN: Central Issue Facility Area IV, APO AP 96218-5016.

SUBJECT: FAMILY FORCE PROTECTION INITIATIVE EQUIPMENT REQUEST

This is to certify that the following named individual is authorized to receive the protective equipment as specified below. NAME:

DOD ID#: RANK/GRADE:

PHONE: DEROS:

NAME OF FAMILY MEMBER AGE

TOTAL NUMBER OF AUTHORIZED FAMILY MEMBERS:

STATEMENT OF UNDERSTANDING AND RESPONSIBILITY FOR CARE OF EQUIPMENT

1. I, , understand that I am being issued protective equipment for my family members. By accepting this equipment, I accept full responsibility for its maintenance and care.
2. I understand this equipment is to be part of my family member’s emergency evacuation kit.
3. **NH-15 Gas Mask**: I understand this equipment is to remain in its sealed carton until such time as officially notified to remove and assemble it for an actual emergency. It is not to be opened for any other purpose. Training aids are available for familiarization. I may coordinate for these through my unit
4. **ICAPS**: I understand this equipment can be used to train, I will take special care and open canister and filter only in case of an official emergency. I will ensure all components are assembled and returned to its original package. Training aids are available for familiarization at TAS-K, coordinate through your local NEO Warden. **I am also aware; if any components are missing I will pay the cost of the complete ICAPS unit.**

# SPONSOR

**UNIT COMMANDER/SUPERVISOR**